



Texas Department of Transportation
Occupational Safety Division
Workers Compensation

**TxDOT-OCC
835
Companion Guide**

Version: 11152007

REVISION HISTORY

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1 Design Plan

1.1 Overview

The Texas Department of Transportation, Occupational Safety Division Workers' Compensation section (TxDOT-OCC) has worked with Adjacent Technologies to design and implement a solution to process electronic medical billing claims. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the federal government has set standards to simplify Electronic Data Interchange (EDI). To comply with the standard, TxDOT-OCC workers compensation section has updated the data sets for EDI files to be in accordance with HIPAA and is utilizing the ANSI ASC X12 nomenclature. This system design guide is intended for use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com/Insurance_40.asp.

1.2 Security and Privacy Statement

Covered entities were required to implement HIPAA Privacy Regulations. A covered entity is defined as a health plan, a Healthcare clearinghouse, or a Healthcare provider who transmits any health information in electronic form in connection with a HIPAA transaction. Providers that conduct certain electronic transmissions are responsible for ensuring these privacy regulations are implemented in their business practices.

The privacy regulation has three major purposes:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information
2. To improve the quality of Healthcare in the United States by restoring trust in the Healthcare system among consumers, Healthcare professionals and the many organizations and individuals committed to the delivery of Healthcare
3. To improve the efficiency and effectiveness of Healthcare delivery by creating a national framework for health privacy and protection.

1.3 Business Requirements

- Create a service that has the Ability to build a compliant 835 for all accepted 837 and NCPDP Files
- Send Email to report any issues processing the files
- Maintain compliancy

2 835

2.1 Assumptions

- In addition to 835 file, an image, .tif format of the Explanation of Review will also be available for download in the same directory as the 835.
- 835 naming convention is as follows: transactionControlNbrMMDDYYYYHHMM.835
- The 835 is informational only. No monetary transactions will accompany the file.

2.2 Usage

Texas workers' compensation implementation of the national standard formats aligns with HIPAA usage and requirements in most circumstances. When the usage designation (Required/Situational) is different from the HIPAA implementation but the function of the Loop, Segment, or Field is the same, the workers' compensation usage column in the spreadsheet tool in this companion guide will reflect the usage for Texas workers' compensation.

Loop	Segment / Element	ANSI R/S	Workers' Comp	Occurrence	Length	Data Type	Value	2007 CMS-1500 Paper Field	Description
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When the usage is different, and the defined workers' compensation conditions are different than the defined HIPAA conditions, the workers' compensation usage is defined as Jurisdiction Situational (J). Each jurisdiction using the standard implementation and companion guides defines the specific jurisdiction conditions for the Loop, Segment, or Field. The specific conditions for Texas workers' compensation are defined in this chapter.

Electronic Medical Billing and Payment Companion Guides

The Loop, Segment, and Field requirements are defined by usage designators. Elements are Required (R), Situational (S), or Not Used (N) in the HIPAA implementation guides. Required elements are mandatory without exception. Situational elements are conditional and the national standard implementation guides define the conditions that make the element mandatory. Not used elements are omitted. Usage is applied in a hierarchal manner based on Loop (primary), Segment (secondary), and Field (tertiary). When a Loop is required, all required Segments must be present and all Situational Segments must be present if the defined condition is met. If a Loop is situational and the defined condition is not met, the Segments within the Loop are omitted. If a situational Loop is submitted, all required Segments must be present and all Situational Segments must be present if the defined condition is met. The same logic applies to Field level requirements for required and situational Segments. When the workers' compensation implementation uses an element in a manner that is different than the standard implementation, the usage designator is Jurisdictional (J). The jurisdiction defines the use of the element for the implementation of eBill in that specific jurisdiction. When an element is Jurisdictional, the Division defines the conditions for the use of the element in this companion guide.

Standard Elements

The workers' compensation companion guide includes, and addresses, Loops, Segments, and Fields that are required on paper forms in the medical billing process. Some elements in the electronic formats do not map directly to paper form fields. To the extent possible, electronic requirements align with paper billing requirements. The national standard formats also include elements that do not relate directly to workers' compensation processes, for example, coordination of benefits. When workers' compensation industry use, or future Texas workers' compensation requirements, are identified related Loops,

Segments, and Fields usage are addressed in the companion guide. Only those elements in the workers' compensation companion guide are required for this implementation. Usage designation of elements not identified in this companion guide is assumed to be Not Used (N). Txdot may choose to accept this element by mutual agreement, or without agreements. Txdot that choose to reject transmissions or transactions that include elements not identified in this companion guide are compliant with the implementation of this companion guide.

HIPAA Not Used

Elements identified as Not Used (N) in HIPAA implementation guides are not used in this implementation unless designated as Jurisdictional (J) element. TxDot may reject transmissions or transactions that include Not Used (N) elements.

Workers' Compensation Not Used

Specific elements are identified as Not Used (N) for the workers' compensation implementation. Txdot may choose to accept these elements by mutual agreement, or without agreements. Txdot that reject transmissions or transactions that include elements with usage designations of Not Used (N) for workers' compensation are compliant with the implementation of this companion guide.

2.3 Identification Numbers

Sender/Receiver Identification

Workers' compensation standards require the use of the Federal Employer Identification Number (FEIN) to identify the Sender or Receiver in electronic billing and reimbursement transmissions.

Insurance Carrier Identification

Insurance Carriers, and their agents, are also identified through the use of the FEIN. Insurance carrier information is available through direct contact with the Insurance Carrier. The Division also provides Insurance Carrier information by contacting the Division directly or through the TXCOMP Claims and Coverage System, <https://txcomp.tdi.state.tx.us/TXCOMPWeb/common/home.jsp>. Providers or system participants may search for an Insurance Carrier by Name or search for coverage/policy information by Employer.

Provider Identification

Provider roles and identification numbers are addressed in Health Care Provider section below.

Injured Employee/Claim Identification

The Injured Employee is identified by Social Security Number (SSN), date of birth, and date of injury. SSN fields are required in electronic billing and reimbursement formats. If an Injured Employee does not have a SSN, alternate identifications numbers are accepted. The Division has also established a default format for the SSN value when a SSN or alternate identification number are not available to submit to the Division in Claims EDI and Medical EDI reporting. When a SSN or other identification number is not available, the Provider may report 999MMDDYY in the SSN field. 999 and the Injured Employees date of birth are populated in the SSN field. If the date of birth is not known, 999 and the Injured Employees date of injury are populated. The Division Claim Number and the Insurance Carrier Claim Number are not required elements on an electronic billing transaction. The Provider may submit these identification numbers if they are known.

3 Layout

3.1 Overview

This section is used to display the data sets used for Texas Workers Compensation claim processing by TxDot Workers Compensation Division. The 835 format is used for submission of Electronic Claims for healthcare professionals. This is an example of a file that is returned to the submitter of the 837 file.

** Sample uses line feeds in place of ~ for readability*

TxDot Sample 835 File

```

ISA*00* 00* 30*746000170 30*123456789 071119*1316*U*00401*000000001*0*P*:
GS*HP*746000170*123456789*20030922*17160000*2171655*X*004010X091A1
ST*835*0001
BPR*I*O*C*CHK*****1746000170****DA*98746541234565543*20071116
TRN*1*6080001*1123456789
REF*F2*0001
DTM*405*20071101
N1*PR*Texas Department of Transportation
N3*PO Box 149148
N4*Austin*TX*787149148
N1*PE*PROV1*FI*760010407
N3*PO BOX 111 ADR1 ADDRESS1
N4*HOUSTON*TX*77210
REF*TJ*746000170
LX*1
CLP*12345*1*422*0*WC
NM1*QC*1*DOE*JOHN****34*0123434321
NM1*IL*2*TEXAS DEPARTMENT OF TRANSPORTATION*****MI*746000170
REF*Y4*WC00000234
DTM*232*20071004
DTM*233*20071004
DTM*050*20071031
SVC*HC:99214*42.3*0
DTM*472*20071004
CAS*OA*W1*42.3
SE*24*0001
ST*835*0002
BPR*I*945*C*CHK*****1746000170****DA*98746541234565543*20071116
TRN*1*6080001*1123452289
REF*F2*0001
DTM*405*20071101
N1*PR*Texas Department of Transportation
N3*PO Box 149148
N4*Austin*TX*787149148
N1*PE*PROV1*FI*760010407
N3*PO BOX 111 ADR1 ADDRESS1
N4*HOUSTON*TX*77210
REF*TJ*746000170
LX*1
CLP*3332232*1*800*450*WC
CAS*CO*A2*50
NM1*QC*1*ddd*jj****MI*111122234
NM1*IL*2*TEXAS DEPARTMENT OF TRANSPORTATION*****MI*746000170
REF*Y4*WC00232234
SVC*HC:99211*800*500

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DTM*150*20070301
DTM*151*20070304
CAS*PR*1*300
CLP*8765432112*1*1200*495*WC
CAS*CO*A2*55
NM1*QC*1*Ssss*S****MI*475893847
NM1*IL*2*TEXAS DEPARTMENT OF TRANSPORTATION*****MI*746000170
REF*Y4*WC00000112
SVC*HC:93555*1200*550
DTM*150*20070310
DTM*151*20070312
CAS*PR*1*600
CAS*CO*45*50
SE*31*0003
GE*2*2171655
IEA*1*000000001

3.2 Mappings

Loop	Segment / Element	ANSI R/S	Workers' Comp	Occurrence	Length	Data Type	Value	2007 CMS-1500 Paper Field	Description
	ISA	R			Interchange Control Header				
	ISA01	R			2	ID	0		Authorization Information Qualifier
	ISA02	R			10	AN			Authorization Information
	ISA03	R			2	ID			Security Information Qualifier
							0		No Security Information Present
							1		Password
	ISA04	R			10	AN			Security Information
	ISA05	R			2	ID	30		Interchange ID Qualifier
	ISA06	R			15	AN	746000170		Interchange Sender ID
	ISA07	R			2	ID	30		Interchange ID Qualifier
	ISA08	R			15	AN	123456789		Interchange Receiver ID (FEIN)
	ISA09	R			6	DT			Interchange Date (YYMMDD)
	ISA10	R			4	TM			Interchange Time (HHMM)
	ISA11	R			1	ID	U		Interchange Control Standards Ident/ U.S. EDI Community of ASC X12, TDCC, and UCS
	ISA12	R			5	ID	401		Interchange Control Version Number
	ISA13	R			9	N0			Interchange Control Number
	ISA14	R			1	ID	0		Acknowledgment Requested/ 0 = No AcknowledgeMent, 1 = Acknowledgement
	ISA15	R			1	ID	P		Usage Indicator/ P = Production Data, T = Test Data
	ISA16	R			1	AN	:		Component Element Separator
	GS	R			Functional Group Header				
	GS01	R			2	ID	HP		Functional Identifier Code
	GS02	R			15-Feb	AN	746000170		Application Sender's Code
	GS03	R			15-Feb	AN	123456789		Application Receiver's Code
	GS04	R			8	DT			Functional group creation date (CCYYMMDD)
	GS05	R			8-Apr	TM			Functional group creation time (HHMM)
	GS06	R			9-Jan	N0			Group Control Number
	GS07	R			1	ID	X		Responsible Agency Code
	GS08	R			12-Jan	AN	004010X091A1		Version / Release / Industry Identifier Code (value varies by content)
TS	Transaction Set								
TS	ST	R	R	1	Transaction Set Header				
	ST01	R	R		3	ID	835		Transaction Set Identifier Code
	ST02	R	R		4/9	AN			Transaction Set Control Number

TS	BPR	R	R	1	Financial Information				
	BPR01	R	R		1/2	ID		2	Transaction Handling Code
							C		Payment Accompanies Remittance Advice
							I		Remittance Information Only
	BPR02	R	R		1/18	R			Total Actual Payment Amount
	BPR03	R	R		1	ID	C		Credit/Debit Flag Code
	BPR04	R	R		3	ID		3	Payment Method Code
							CHK		Paper Check
							ACH		EFT via ACH
							FWT		EFT via Wire Transfer
							NON		Non-Payment Data
	BPR05	S	S		1/10	ID			Payment Format Code
							CCP		Cash Concentration/Disbursement plus Addenda (CC+)(ACH)
							CTX		ACH Payment Format Code
	BPR06	S	S		2	ID	01		(DFI) ID Number Qualifier
	BPR07	S	S		3/12	AN			Sender (DFI) Identification Number
	BPR08	S	S		1/3	ID	DA		Sender Account Number Qualifier
	BPR09	S	S		1/35	AN			Sender Account Number
	BPR10	S	S		10	AN			Originating Company Identifier
	BPR11	S	S		9	AN			Originating Company Supplemental Code
	BPR12	S	S		2	ID	01		Receiving (DFI) ID Number Qualifier
	BPR13	S	S		3/12	AN			Receiving (DFI) Identification Number
	BPR14	S	S		1/3	ID			Receiving Account Number Qualifier
							DA		Deposit Account
							SG		Savings Account
	BPR15	S	S		1/35	AN			(DFI) Receiving Account Number for ACH or FWT
	BPR16	S	S		8	DT		5	Check Issue or ACH/FWT Effective Date
TS	TRN	R	R	1	Reassociation Trace Number				
	TRN01	R	R		1/2	ID	1		Trace Type Code
	TRN02	R	R		1/30	AN		4	Check or EFT Trace Number
	TRN03	R	R		10	AN			Originating Company Identifier
	TRN04	S	S		1/30	AN			Reference Identification
TS	REF	S	S	1	Receiver Identification				
					Use this segment only when the receiver of the transaction is other than the payee (e.g., Clearing House or billing service ID).				
	REF01	R	R		2	ID	EV		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Reference Identification
TS	DTM	R	R	1	Production Date (Date of Review)				
	DTM01	R	R		3	ID	405		Production
	DMT02	R	R		8	DT		1	Date Expressed as CCYYMMDD
1000A	Payer Identification								
1000A	N1	R	R	1	Identification				
	N101	R	R		2/3	ID	PR		Entity Identifier Code
	N102	S	R		1/60	AN		6	Name
									Payer Name is required for Workers' Compensation
	N103	S	S		2	ID	XV	8	Identification Code Qualifier
									Required when the National Plan ID mandate is effective
	N104	S	S		2/80	AN			Identification Code
1000A	N3	R	R	1	Payer Address				

	N301	R	R		1/55	AN	R	7	Address Line 1
	N302	S	S		1/55	AN	S		Address Line 2
1000A	N4	R	R	1	City State Zip				
	N401	R	R		2/30	AN		7	City Name
	N402	R	R		2	ID		7	State or Province Code
	N403	R	R		3/15	ID		7	Postal Code
1000A	REF	S	J	1	Payer Identification				
					Use this REF segment whenever additional payer identification numbers are required. The ID numbers available in the TRN and N1 segments should be used before using the REF segment				
	REF01	R	R		2/3	ID	EO		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Submitter Identification Number (Carrier FEIN)
1000A	PER	S	S	1	Contact Information				
					Additional Payer Administrative Communication Contact Information e.g., Claim Adjustor				
	PER01	R	R		2	ID	CX		Contact Function Code
	PER02	S	S		1/60	AN		9	Contact Name
	PER03	S	S		2	ID	TE		Communications Number Qual
	PER04	S	S		1/80	AN		10	Communication Number
	PER05	S	S		2	ID			Communications Number Qual
	PER06	S	S		1/80	AN			Communication Number
	PER07	S	S		2	ID			Communications Number Qual
	PER08	S	S		1/80	AN			Communication Number
1000B	Payee Identification								
1000B	N1	R	R	1	Identification				
	N101	R	R		2/3	ID	PE		Entity Identifier Code
	N102	S	R		1/60	AN		12	Name
									California and Texas Required Field
	N103	R	R		2	ID	FI		Identification Code Qualifier
	N104	R	R		2/80	AN		14	Identification Code (Federal Tax ID)
1000B	N3	S	S	1	Payee Address				
	N301	R	R		1/55	AN		13	Address Line 1
	N302	S	S		1/55	AN			Address Line 2
1000B	N4	S	S	1	City State Zip				
	N401	R	R		2/30	AN		13	City Name
	N402	R	R		2	ID		13	State or Provide Code
	N403	R	R		3/15	ID		13	Postal Code
	N404	S	S		2/3	ID			Country Code
1000B	REF	S	J	1	State License				
					California and Texas required field when billing entity is a health care provider.				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN		14a	State License Number
2000	Header Number (Repeat >1)								
2000	LX	S	S	1	Header Number				
	LX01	R	R		1/6	NO			Number assigned for differentiation within a transaction set
2000	TS3	S	S	1	Provider Summary Information				
					This segment may be used to identify provider subsidiaries whose remittance information is contained in the 835 transactions transmitted to a single provider entity (i.e., the corporate office of a hospital chain. For this purpose, TS301 identifies the subsidiary provider				

	TS301	R	R		1/30	AN			Reference Identification (NPI Number if Available or State License Number)
	TS302	R	R		1/2	AN			Facility Type Code
	TS303	R	R		8	DT			Fiscal Period date
	TS304	R	R		1/15	R			Quantity (Total Claim Count)
	TS305	R	R		1/18	R			Total Charge Amount
	TS309	S	S		1/18	R			Total Provider Payment Amount
2100	Bill Payment Information Repeat > 1								
2100	CLP	R	R	1	Bill Level Data				
	CLP01	R	R		1/38	AN		31	Bill Submitter's Identifier (Patient Control Number)
	CLP02	R	R		1/2	ID		32	Claim Status Code
							1		Paid
							4		Denied
							22		Reversal of a Previous Payment (Refund)
	CLP03	R	R		1/18	R		33	Total Charge Amount
	CLP04	R	R		1/18	R		34	Total Payment Amount
	CLP06	R	R		2	ID	WC	35	Claim Filing Indicator Code WC=Workers' Compensation Health Claim
	CLP07	S	S		1/30	AN		36	Payer Control Number (Bill Control Number)
	CLP08	S	S		1/2	AN			Facility Type Code (from CLM05-1 of the 837)
	CLP09	S	S		1	ID		37	Claim Frequency Type Code (Institutional Bills Only)
	CLP11	S	S		3/4	ID		38	Diag. Related Group Code (Institutional Bills Only)
	CLP12	S	S		1/15	R			Diagnosis Related Group (DRG) Weight
	CLP13	S	S		1/10	R			Discharge Fraction
2100	CAS	S	S	99	Bill Level Adjustments				
					Required if using adjustments reason codes and amounts as needed for an entire bill or for a particular service within the bill being paid.				
	CAS01	R	R		1/2	ID		41	Bill Adjustment Group Code
	CAS02	R	R		1/5	ID		42	Claim Adjustment Reason Code
	CAS03	R	R		1/18	R		43	Monetary Amount
	CAS04	S	S		1/15	R		44	Units Adjusted
	CAS05	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS06	S	S		1/18	R			Monetary Amount
	CAS07	S	S		1/15	R			Units Adjusted
	CAS08	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS09	S	S		1/18	R			Monetary Amount
	CAS10	S	S		1/15	R			Units Adjusted
	CAS11	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS12	S	S		1/18	R			Monetary Amount
	CAS13	S	S		1/15	R			Units Adjusted
	CAS14	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS15	S	S		1/18	R			Monetary Amount
	CAS16	S	S		1/15	R			Units Adjusted
	CAS17	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS18	S	S		1/18	R			Monetary Amount
	CAS19	S	S		1/15	R			Units Adjusted
2100	NM1	R	R	1	Patient Name				
	NM101	R	R		2/3	ID	QC		Entity Identifier Code (patient)
	NM102	R	R		1	ID	1		Entity Type Qualifier (person)

	NM103	R	R		1/35	AN		15	Last Name
	NM104	R	R		1/25	AN			First Name
	NM105	S	S		1/25	AN			Middle Name
	NM107	S	S		1/10	AN			Name Suffix
	NM108	S	R		2	ID	34		Identification Code Qualifier
	NM109	S	R		2/80	AN		16	Social Security Number
2100	NM1	S	R	1	Employer (Insured Name)				
					Worker's Compensation Required Segment				
	NM101	R	R		2/3	ID	IL		Entity Identifier Code (insured)
	NM102	R	R		1	ID	2		Entity Type Qualifier (company)
	NM103	S	R		1/35	AN		19	Organization Name
	NM108	R	R		2	ID	MI		Identification Code Qualifier
	NM109	R	R		2/80	AN		20	Identification Code
									Payer Assigned ID Number for Insured
2100	NM1	S	S	1	Service Provider Name (Rendering Provider)				
					This segment is required when the rendering provider is different from the Payee				
	NM101	R	R		2/3	ID	82		Entity Identifier Code
	NM102	R	R		1	ID			Entity Type Qualifier
							1		Person
							2		Non- Person Entity (Company)
	NM103	R	R		1/35	AN		21	Last Name or Organization Name
	NM104	S	S		1/25	AN			First
	NM105	S	S		1/25	AN			Middle
	NM107	S	S		1/10	AN			Suffix
	NM108	R	R		2	ID	SL/XX		Identification Code Qualifier
									State License Number to be used until NPI Number mandate date is effective
	NM109	R	R		2/80	AN		22	SL =State License Number XX=NPI Number
2100	REF	S	S	1	PPO/MPN Plan Identification				
	REF01	R	R		2	ID			Reference Identification Qualifier
							CE		Class of Contract Code
	REF02	R	R		1/30	AN		25	Reference Identification
2100	REF	S	J	1	WC Claim Number				
					California and Texas Required Segment				
	REF01	R	R		2	ID			Reference Identification Qualifier
							Y4		Original Reference Number
	REF02	R	R		1/30	AN		27	Reference Identification
									Workers' Compensation Claim Number
2100	DTM	S	S	1	From Service Date				
	DTM01	R	R		3	ID	232		Date/Time Qualifier
	DTM02	R	R		8	DT		39	Date
2100	DTM	S	S	1	Thru Service Date				
	DTM01	R	R		3	ID	233		Date/Time Qualifier
	DTM02	R	R		8	DT		39	Date
2100	DTM	S	J	1	Bill Received Date (Date Payer Received Bill)				
	DTM01	R	R		3	ID	050		Date/Time Qualifier
	DTM02	R	R		8	DT		40	Date
2100	PER	S	J	1	Bill Contact Information (Payer/Bill Review Contact)				
	PER01	R	R		2	ID	CX		Contact Function Code
	PER02	S	S		1/60	AN		29	Contact Name
	PER03	S	R		2	ID	TE		Communications Number Qualifier

	PER04	S	R		1/80	AN		30	Communication Number
	PER05	S	S		2	ID			Communications Number Qualifier
	PER06	S	S		1/80	AN			Communication Number
	PER07	S	S		2	ID			Communication Number Qualifier
	PER08	S	S		1/80	AN			Communication Number
2110	Service Payment Information Repeat > 999								
2110	SVC	S	S	1	Service Payment				
	SVC01	R	R					45	Composite Medical Procedure Identifier
	SVC01-1	R	R		2	ID			Product/ Service ID Qualifier
							AD		ADA Codes
							ER		WC Jurisdiction Code OMFS (California)
							HC		HCPCS / CPT code
							IV		Home Infusion EDI Product Service
							N4		NDC Code
							NU		NUBC Revenue Code
							ZZ		HIPPS Skilled Nursing Facility Rate Code
	SVC01-2	R	R		1/48	AN			Product/Service ID
	SVC01-3	S	S		2	AN			Procedure Modifier
	SVC01-4	S	S		2	AN			Procedure Modifier
	SVC01-5	S	S		2	AN			Procedure Modifier
	SVC01-6	S	S		2	AN			Procedure Modifier
	SVC02	R	R		1/18	R		46	Charge amount
	SVC03	R	R		1/18	R		47	Payment amount
	SVC04	S	S		1/48	AN		47a	Revenue Code
	SVC05	S	S		1/15	R		48	Units paid
	SV06	S	S					49	Billed Product/Service
									Required if the adjudicated service code in SVC01 was altered from the billed service code, SVC06 is used to reflect the original service code.
	SVC06-1	R	R		2	ID			Billed Product/Service ID Qualifier.
							AD		ADA Codes
							ER		WC Jurisdiction Code OMFS (California)
							HC		HCPCS / CPT code
							IV		Home Infusion EDI Product Service
							N4		NDC Code
							NU		NUBC Revenue Code
							ZZ		HIPPS Skilled Nursing Facility Rate Code
	SVC06-2	R	R		1/48	AN			Billed Product/Service ID
	SVC06-3	S	S		2	AN			Billed Procedure Modifier
	SVC06-4	S	S		2	AN			Billed Procedure Modifier
	SVC06-5	S	S		2	AN			Billed Procedure Modifier
	SVC06-6	S	S		2	AN			Billed Procedure Modifier
	SVC07	S	S		1/15	R		50	Units billed
2110	DTM	S	S	3	Service Date				
	DTM01	R	R		3	ID	472		Date/Time Qualifier
	DTM02	R	R		8	DT		51	Date
2110	REF	N	J	1	Prescription Number				
					Required if not identified in CLP01				
	REF01	R	R		2/3	ID	WZ		Reference Identification Qualifier
	REF02	R	R		1/30	AN		52	Rx Number
2110	CAS	S	S	99	Service Level Adjustments				

	CAS01	R	R		1/2	ID		53	Bill Adjustment Group Code
									Refer to ANSI Jurisdiction Companion Guide for specific Group Codes and Claims Adjustment Reason Codes
	CAS02	R	R		1/5	ID		54	Claim Adjustment Reason Code
	CAS03	R	R		1/18	R		55	Adjustment Amount
	CAS04	S	S		1/15	R		56	Adjustment Quantity
	CAS05	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS06	S	S		1/18	R			Monetary Amount
	CAS07	S	S		1/15	R			Units Adjusted
	CAS08	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS09	S	S		1/18	R			Monetary Amount
	CAS10	S	S		1/15	R			Units Adjusted
	CAS11	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS12	S	S		1/18	R			Monetary Amount
	CAS13	S	S		1/15	R			Units Adjusted
	CAS14	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS15	S	S		1/18	R			Monetary Amount
	CAS16	S	S		1/15	R			Units Adjusted
	CAS17	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS18	S	S		1/18	R			Monetary Amount
	CAS19	S	S		1/15	R			Units Adjusted
2110	REF	S	S	10	Service Identification				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
							1S		Ambulatory Patient Group (APG) Number
							6R		Provider Control Number
							BB		Authorization Number
							E9		Attachment Code
							G1		Prior Authorization Number
							G3		Predetermination of Benefits Identification Number
							LU		Location Number
							RB		Rate code number
	REF02	R	R		1/30	AN			Reference Identification
2110	AMT	S	S	12	Service Identification				
	AMT01	R	R		1/3	ID			Amount Qualifier Code
							B6		Allowed - Actual
							T		Tax
	AMT02	R	R		1/18	R			Reference Identification Qualifier
2110	LQ	S	S	99	Remark Codes				
	LQ01	R	R	1	1/3	ID			Qualifier Code
							HE		Claim Payment Remark Codes
							RX		RX NCPDP Reject/Payment Codes
	LQ02	R	R		1/30	ID		57	Remark Code
TS	SE	R	R		Transaction Set Trailer				
	SE01	R	R		1/10	N			Number of Included Segments
	SE02	R	R		4/9	AN			Transaction Set Control Number (ST02)
	GE	R			Functional Group Trailer				
	GE01	R			97	##	N0		Number of Transaction Sets Included
	GE02	R			28	##	N0		Group Control Number
	IEA	R			Interchange Control Trailer				
	IEA01	R			116	##	N0		Number of Included Functional Groups

	IEA02	R			I12	9	NO		Interchange Control Number
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